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of information carefully. death clearly and legibly.

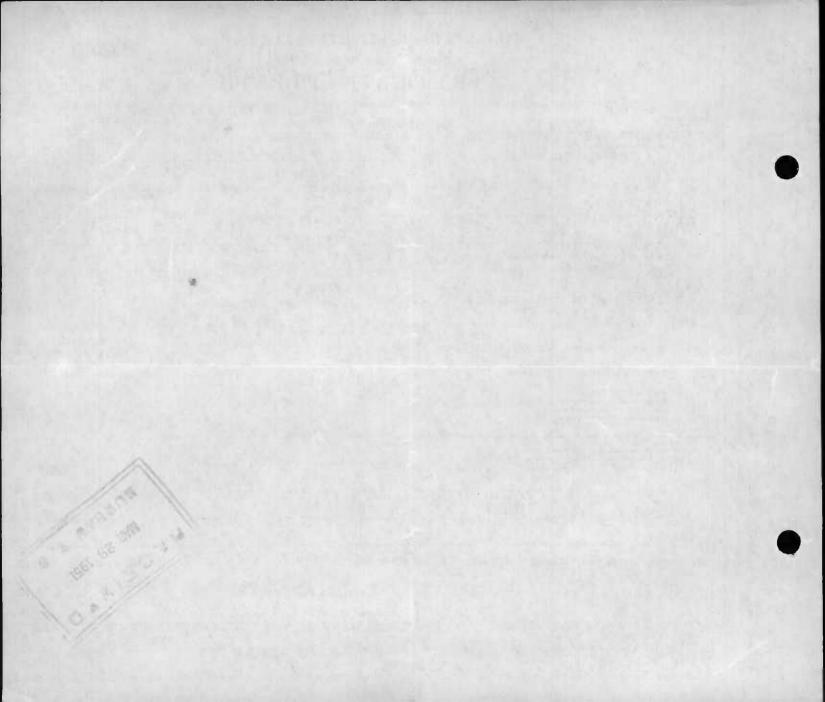


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE MARYland HARFORD MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place)
5 URYS give nearest town) dE GRACE TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS HARFORD MEMORIAL STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) KAThRyn tkinson DEATH MARCH 25 1957 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) MARRIED S. DATE OF BIRTH 6. COLOR OR RACE 9. AGE last birthday If under I year Iff under 24 hrs. Months | Days | Hours | Min. WhitE FEMALE JANUARY 17, 1884 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, evon if retired) INDUSTRY COUNTRY? MARYIAnd HOUSEWEEE 13. FATHER'S NAME own 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 570.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR RINDINGS OF OPERATION 20. AUTOPSYT MARCH 22 No X OF office lidg., etc.) 21. ACCIDENT (Specify) (COUNTY) SUICIDE INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Thu. 20 1, 195/, to Max. 25, 195/, that I last saw the deceased alive on Marcha ADDRESS SIGNATURE (Degree or title) DATE SIGNED ure de 23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ortille DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR REGISTRAR'S ADDRESS



PLI

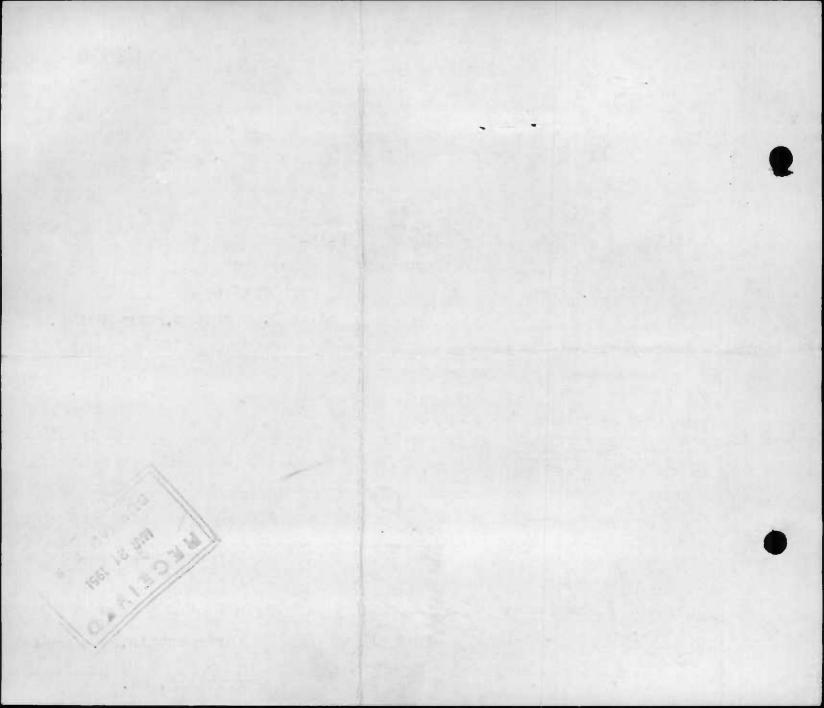
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02650

Reg. Dist. No. 185 -

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY | |
|--|---|---|
| MARYLAND | STATE Maryland Cecil | |
| CITY (If outside corporate limits write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give | nearest town) |
| OR give nearest town Havre De Grace Traveling | TOWN Eikton . Rural | |
| INVOLUTE VIE | STREET (If ru al give location) | / |
| INSTITUTION OR STREET ADDRESS | ADDRESS Elk Mills | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Edward Oliver (| Clar / DEATH March | 16 195/ |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BURTH 9. AGE last birthday If under I | year If under 24 hrs. |
| Male 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify Single) | 6-18-1896 54 yrs. t | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or | 11. BIRTHPLACE (State or foreign country) 12. | CITIZEN OF WHAT |
| done during most of working life, even if retired) Life Insurance | Maryland | USA" |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Phillip D. Clark | Cora Oliver | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? I IS SOCIAL SECURITY NO. | 17. INFORMANT | |
| (Yes, no or unknown) (If yes, give war or dates of service) | Edith C. Buchanan, Perry P | oint Md |
| 18. MEDICAL CE | | OTHE MIC |
| 18. MEDICAL CE | RITFICATION | INTERVAL BETWEEN |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 0 | ONBET AND DEATH |
| P = 12 12 12 12 | complete s. com | nero |
| Immediate cause (a) | | |
| 920 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | ed by 64 69 des de weigh helpforwarenesse error |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes I No 😾 |
| 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) | (STATE) |
| PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. | | (511125) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while | HOW DID INJURY OCCUR? | |
| INJURY m. work at work | | |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december of the natural causes accident , suicide , homicide , SIGNATURE SIGNATURE Columnia Default Medical | ased died on the day stated above, and death in my o | rom the evidence opinion resulted DATE SIGNED |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY COCATION (City, town, or county | y) (State) |
| REMBUTIET ^{i(y)} 3-19-1951 Hopewell | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | Port Deposit Md | ADDRESS |
| Prio . | | 10000 |
| oraw.17-1951 4. h. newsom. | tee a. Vafferson & Lin | / · |
| | Perryville, Md. | 15 172/ |
| | 7 | 00/20 |



2411 N. Charles Street, Baltimore

02651

CERTIFICATE OF DEATH

| COUNTY Have | rford | MARYLAND | 2. USUAL RESIDENCE (HOSTATE Md. | COUN | narioru |
|---|---|--|---------------------------------|---|----------------------------------|
| CITY (If outside cook give nearest TOWN | orporate limits, write RUR. town) Joppa | AL and LENGTH OF STAY (in this place) | or Town Joppa | te limits, write RURAL and g | rive nearest town) |
| HOSPITAL OR INSTITUTION OF STREET ADDRE | R SS Philadelph | nia Road | STREET ADDRESS Phila | (If rural, give location) delphia Road | |
| 3. NAME OF DECEASED (Type or Print) | (First) THOMAS | (Middle) E. | (Last) COMES | 4. DATE (Month) OF DEATH March 9 | |
| male | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | Aug. 22,1890 | 60 ym. (| Days Hours Min. |
| done during most of w | ATION (Give kind of work vorking life, evon if retired) | 10b. KIND OF BUSINESS OR INDUSTRY TOWSON Nurseries | Balto. Co., M | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAM | | | 14. MOTHER'S MAIDEN | NAME | |
| Joseph Co | omes | | Rebeccah Goss | | |
| 15. WAS DECRASED E | VER IN U.S. ARMED FORCES (If yes, give war or dates | | 17. INFORMANT AND | | |
| no or unknown) | service) | 01 218-05-4954 | Mrs. Thomas E. | Comes, Joppa, 1 | Md. |
| 1. DISEASES OR CO | ONDITIONS DIRECTLY | 18. MEDICAL CE LEADING TO DEATH Massive Oer Hypertension | | norshaque | INTERVAL BETWEEN ONSET AND DEATH |
| 93d Diseases or giving rise t stating the u | nf cause(s) conditions, if any, o the above cause anderlying cause last (c) CANT CONDITIONS | fysertensise | Cardiovin | ula plesean | 2 15415. |
| Conditions contributed to the disease | uting to the death but not se or condition causing deat | h | | | |
| 19a. DATE OF OPE | RATION 19b. MAJOR I | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | Yes No P |
| 21. ACCIDENT SUICIDE HOMICIDE | OF | | (CITY OR T | | Y) (STATE) |
| TIME (Month) OF INJURY | (Day) (Year) (Hour) ———————————————————————————————————— | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY OCC | UR? | |
| | | e deceased from Oct 8 | | | |
| alive on MUSICATURE | ah. 7, 1957, an | d that death occurred at | ADDRESS ADDRESS | causes and on the date | stated above. DATE SIGNED |
| 23. BURIAL, CINEM | ord J. J | HUDSON M | ERY OR CREMATORY L | OCATION (City, town, or con | 8/10/57 |
| DUTIAL (Spe | (dfy) Mar.13.19 | 951 Hiss Method | | Balto., Md | ADDRESS |
| DATE REC'D BY | LOCAL REGISTRAR'S | Signature 1 | JUNERAL DIRECTO | | |
| - 1/12 | 13/1 00 | 11 The state of th | Jassom Ju | men irme_ 141 | Ol Belair Rd. |

Dr. Hudson Fork

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02652

| 1. PLACE OF DEATH Hartord MARYLAND | 2. USUAL RESIDENCE (H | OME) OF DECEASED | OUNTY Hartord |
|---|-----------------------------|-------------------------------------|--|
| CITY (If outside corporate limits, write RURAL and OR give nearest town) ALVAI CITY (If outside corporate limits, write RURAL and (in this place) TOWN ALVAI TOWN | OR TOWN LAVA | | and give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS | (If rural, give locat | ion) |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) A 10 N 2 O | (Last) | 4. DATE (Mont OF DEATH NA | _, (, (, |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | | . AGE last birthday If | under I year If under 24 hrs Inthe Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyon if retired) 10b. Kind of Business or Industry | 11. BIRTHPLACE (State or | | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME Unhum | 14. MOTHER'S MAIDEN | NAME | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service) | ETN4S+ COOPS | r Leavel R | S ML |
| 18. MEDICAL CE | | | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATE |
| M . O 1 . / | : | | 2 |
| Immediate cause (a) | O V | 011001 DPA 87 01 0P1 1009 -016 1 | |
| 286, 6 Antecedent cause(s) | | | 7 |
| Diseases or conditions, if any, (b) | nosis | | |
| glving rise to the above cause stating the underlying cause last | | | |
| (e) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | o cold | | 2 days? |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | Yes D No M |
| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ OF office bldg., etc.) INJURY | (CITY OR T | OWN) (COI | UNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while work at work | HOW DID INJURY OCC | UR? | |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes &, accident \(\subseteq, \), suicide \(\subseteq, \) homicide \(\subseteq, \) SIGNATURE (Degree or title) Level C Palmon \(\subseteq \) Debyta Medical (Signature) | ased died on the day stated | Inquiry thereon above, and death in | and from the evidence my opinion resulted DATE SIGNED 3/2/5/ |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY | CATION (City, town, o | Hartend MA |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/3/5/ VUSCILLA Townsol | 24 FUNERAL DIRECTOR | B.8 | ADDRESS Gas Mad |
| | 0 | | 820105 |



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02653

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
|---|---|
| MARYLAND | manoland Variond |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town) (in this place) | CITY (If outside corporate limits, write RURAL and give near st town) |
| HOSPITAL OR | STREET (If rural, give location) |
| INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) ADDRESS |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) LYNICE ROSE | COX DEATH had IJ- 1951 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) was desired. | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months. Days Hours Min. |
| 10a. USUAL OCCUPATION (Glve kind of work done during most of working life even if retired) INDUSTRY | 11. BI THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | North Callina. U.S. A |
| of andrews | 14. MOTHER'S MAIDEN NAME |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 1. INFORMANT |
| (Yes, no, or unknown) (If year, give war or dates of service) Zoone | Thuman Coj |
| 18. MEDICAL CE | PTIFICATION |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| | 1 No. 7 7:0 |
| Immediate cause (a) Ongestim | Man taline - Chr 3-4 mo. |
| 450.0 Antecedent cause(s) | V |
| × 0,000 0 100 0 10 | Q1 12 |
| Diseases or conditions, if any, giving rise to the above cause | 20 you |
| stating the underlying cause last (c) | |
| H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20, AUTOPSY? |
| | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? |
| OF While at Not While | HOW DID INJURY OCCUR! |
| INJURY m. Work At work | |
| 22. I hereby certify that I attended the deceased from Tel- | , 1951., to Mar 25, 19.51, that I last saw the deceased |
| alive on Man 1.8 , 1951, and that death occurred at | 8Am., from the causes and on the date stated above. |
| alive on | ADDRESS DATE SIGNED |
| 10 00 Plint- 20 | 7/ / |
| Waleston William Millips Mit | Dailington med 1/26/51 |
| REMOVAL (Specify) | RY OR CREMATORY LOGATION (City, town, or county) . (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR ADDRESS |
| REG. 3/28/31 Micella Lowood | Avand & Markeline white Hall In |
| | |



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112654

| 1. PLACE OF DEATH COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | |
|--|---|-------------------------------------|
| MARYLAND MARYLAND | | martors |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) Bash Rural (in this place) | OR OR OR JAIR M & RURAL and give OR | e nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Nathan Howard | Dean DEATH May | 9 1951 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH 9. AGE last birthday If under | l year If under 24 hr |
| (Specify) Widows | June 1/1860 90 yrs. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Office and Industry | | COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 70 |
| Nathan Dean | Rachel Robinson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS | , |
| (Yes, no, or unknown) (If yes, give war or dates of service) | Mrs Lloyd N.Richardson Bal Al | r. Md |
| 18. MEDICAL CEI | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| [Para 1. 7] | and the same | 9 J |
| Immediate cause (a) Cerebral He | morrage | 20013 |
| Antecedent cause(s) | | 2 |
| Disease or conditions, if any, (b) | como osco | 1 weeks |
| S 3a giving rise to the above cause stating the underlying cause last | | |
| (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | hie arthritis | 20 years |
| 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes Not |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? | |
| INJURY m. Work At work | | |
| 22. I hereby certify that I attended the deceased from JANIG | 195/ to 1122 9 195/ that I last sa | aw the deceased |
| | | |
| alive on Man. 9 | ADDRESS | DATE SIGNED |
| Charles Suchardon . M. D. | Bellin, md 3 | 180151 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) | RY OR CREMATORY LOCATION (City, town, or count Fountain Green | Harford M |
| DATE REC'D BY LOCAL REGISTRAL'S-SIGNATURE | 24 FUNERAL DIRECTOR | ADDRESS |
| REG. 3/10/51 Dresella Fourod | Joseph J Josten Bel and " | nol |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02655

| Item 3 on; | | |
|---|---|---|
| FIMNO. G 132 MAY 14 195 ERTIFICAT | E OF DEATH Reg. | Dist. No. 185- |
| 1. PLACE OF DEATH. COUNTY HARFORD MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEAS STATE HAR YARN D | COUNTAIRFORD. |
| CITY (If outside corporate limits, write RURAL and OR give negret town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RUR, OR TOWN | AL and give nearest town) |
| HOSPITAL OR INSTITUTION OR HARFORD HENDRAL HOSP | STREET ADDRESS 816 S. WAS | Ocation) HINGTON |
| 3. NAME OF DECEASED OF ELDRIDGE (Middle) GALL | OWRY DEATH M | Ionth) (Day) (Year) AR 25 195 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday 78 yrs. | If under 1 year If under 24 hr. Months Days Hours Min |
| On during most of cities to each of each of the cities of | HAN de Less Md. | 22 DURTEY? |
| JACOB GALLOWAY | MARIAN (JALLOP | |
| 15. Was remained Even In S. Armed Forces? 16. Social Security No. (Yes, no of nknown) Miles give war or dates of | The FORMANT AND ADDRESS | fam de Glace |
| 18. MEDICAL CE | RTIFICTION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) RESPIRAT | ORY FAILURE | 12 462 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause | N DISEASE | 4 MO. |
| stating the underlying cause last (c) CEPEBRAL | ARTERIOSCIEROSIS | 2- |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc) OF INJURY | (CITY OR TOWN) ((| Yea No to |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | , 150, to MAR, 151, that | I last saw the deceased |
| alive on 25/14C, 1957, and that death occurred at./ | 10 0 | |
| 13N ormen M.D. | Navre de glace | Md 925.5 |
| (3/28/5/ angel 7 | till Handle | hay (State) |
| Medich 28-19st a. L. Lewis M. S. | Tesses la fan 2 | And Less |
| | | 0 () |

VS. A15



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MARYLAND STATE DEPARTMENT OF HEALTH

02656

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. / 82

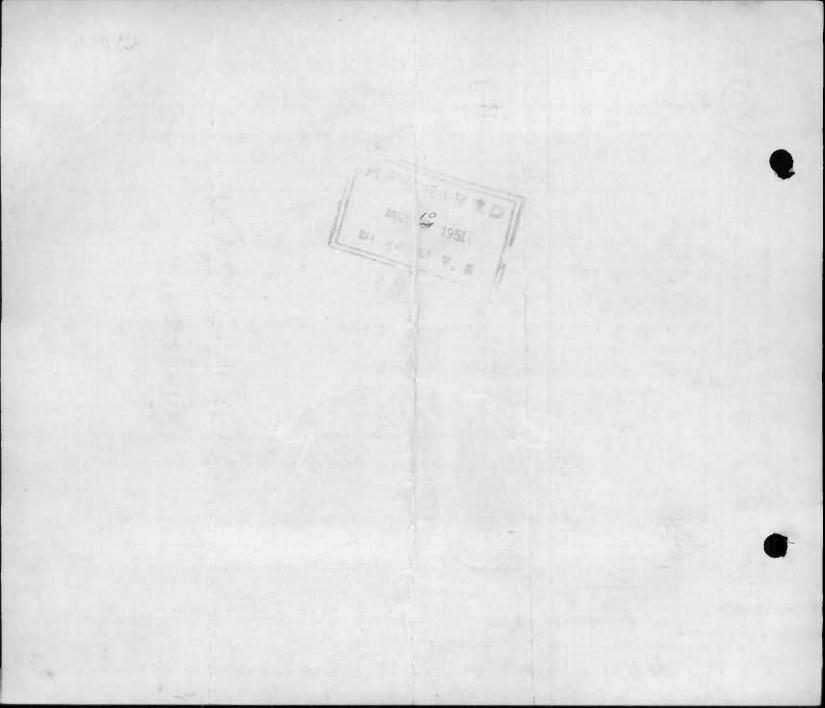
| | | 101011111111111111111111111111111111111 | | reg. Dist. No |
|---|---|--|---|---|
| 1. PLACE OF DEAT | CH. | | 2. USUAL RESIDENCE (HOME) OF D | ECEASED. |
| Ha Ha | rford | MARYLAND | STATE Maryland | COUNTY Harford |
| CITY (If outside | corporate limits, write RUR | | CITY (If outside corporate limits, write | e RURAL and give nearest town) |
| TOWN BEL | ATT" | (in this place) | Town Bel Air | |
| HOSPITAL OR INSTITUTION C | B | | A D D D E G G | l, give location) |
| STREET ADDRE | ESS/5 Lee Street | | ADDRESS/5 Lee Street | |
| 3. NAME OF | (First) | (Middle) | (Last) 4. DATE | (Month) (Day) (Year) |
| (Type or Print) | LEONA | VIRGINIA | HINES DEATH | March 5 1951 |
| S. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, | | irthday i If under I year IIf under 24 hrs. |
| Female | Colored | WIDOWED, DIVORCED, (Specify) | January 16, 1957 | yrs. Mgnths Days Hours Min. |
| | PATION (Give kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign count | ry) 12. CITIZEN OF WHAT |
| done during most of | working life, even if retired) | INDUSTRY Bulans | Havre de Gras | med COUNTRY? U. S. G. |
| 1. FATHER'S NAT | ME O OI | | 14. MOTHER'S MAIDEN NAME | |
| times (in | Ather Buine | | Uslane Fleir | / |
| 15. WAS DECEASED I | VER IN U.S. ARMED FORCES | 7 16. SOCIAL SECURITY NO. | 17. INFORMANT | 1 : |
| (Yes, no, or unknown) | (If yes, give war or dates (| 01 | Mr. James Co. D | aires |
| | | 18. MEDICAL CEI | | 1 |
| I DISMASES OF C | ONDITIONS DIRECTLY | | V | INTERVAL BETWEEN ONSET AND DEATH |
| . DISEASES OR C | | | | ONSET AND DEATH |
| Immedia | te cause (a) | Infantile diarrhea | 1 | |
| 571.0 | | | | |
| | ent cause(s) conditions, if any, (b) | | | |
| 1 9 giving rise | to the above cause | | | ************************************** |
| stating the | underlying cause last | | | |
| O OTHER SIGNIE | (e) FICANT CONDITIONS | | | |
| Conditions contrib | outing to the death hut not | | | |
| | ase or condition causing deat | h. FINDINGS OF OPERATION | | 20. AUTOPSY? |
| TAL DATE OF OT | EKATION 158. MAJOK K | INDINGS OF OFERATION | | |
| 21 PYTERNAL C | ATTOC WAS LOT A | CE (Home form fortens street | (CITY OR TOWN) | (COUNTY) (STATE) |
| 21. EXTERNAL CAPRIMARY ☐ OR CONTROL OF DEAT | CONTRIBUTING OF | CE (Home, farm, factory, street, office bldg., etc.) JRY | (CITI OR TOWN) | (COUNTY) (STATE) |
| | (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF INJURY | m. | While at Not while work at work | | |
| T | Y 2 2 1 | | | - 43 T. C. 41 * 1 |
| 22. I certify that | I loak charge of the rema | ins described above, neid an A | utapsy \mathbb{K} , Inspection \square , Inquiry \square ised died an the day stated above, and | douth in my opinion resulted |
| | |], suicide [], hamicide [], | | than in my opinion resulted |
| SIGNATURE | 1/ () | (Degree or title) | ADDRESS | DATE SIGNED |
| XX | la K K) | lashes 700 1 | Floot St Belto 2 MA | March 6 1051 |
| | 7/0.00 | | Fleet St., Balto. 2, Md | |
| 23. BURIAL, CREN REMOVAL (Spe | MATION DATE THERE | NAME OF CEMETE | RY OR CREMATORY LOCATION (C | Sty, town, or county) (State) |
| Duria | 6 3/8/3 | St Junes Ce | melered Burre | se shall hid. |
| REG. 3 | LOCAL REGISTRAR'S | SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS 0 |
| 2/1/ | 3/ MAIE | uld, Townow | (Ames/ Elisullock - | - Davre de Glace, Mich |

VS. A15A

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legiblyses.

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

02657

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEAT | H. | | 2. USUAL RESIDENCE | (HOME) OF DECEASED. | |
|-------------------------------------|---|--|---|---|-------------------------------|
| COUNTY | ford | MARYLAND | STATE Man | vland | NTY Harfd. |
| | corporate limits, write RURA | | | rate limits, write RURAL and | |
| OR givo neares | t town) | (in this place) | OR | | give nearest town, |
| TOWN | Perryman | life | TOWN | Perryman | |
| HOSPITAL OR INSTITUTION O | R. | | STREET ADDRESS | (If rural, give location | 1) |
| STREET ADDRE | ESS | | | | |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| DECEASED (Type or Print) | Carrie | Kenlv | Harris | OF DEATH 3 | 22 1951 |
| 5. SEX | 6. COLOR OR RACE | | 8. DATE OF BIRTH | | der I year If under 24 hrs. |
| 77 | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | | Mon | the Days Hours Min. |
| P . | Col | (Specify) W | 5/19/1879 | / ym. (| |
| done during most of | PATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT |
| Hou | working life, even if retired) | Home | Maryland 14. MOTHER'S MAIDE | | 00011211 |
| 13. FATHER'S NAM | AE | | 14. MOTHER'S MAIDE | N NAME | |
| | Wm. Aenly | | Rebecca Pa | ca | |
| 15. WAS DECEASED E | PURP IN ITS APMED FORCES | ? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | ADDRESS | |
| (Yes, no or unknown) |) (If yes, give war or dates of | of 229-24-1293 | Wm. F. r | | |
| 110 | (service) | | | - only | |
| | | 18. MEDICAL CE | RTIFICATION | | INTERVAL BETWEEN |
| I. DISEASES OR C | ONDITIONS DIRECTLY | LEADING TO DEATH | | | ONSET AND DEATE |
| | | | | | |
| 420. O Immedia | te cause (a) | Acute Cardiac Fai | lure | 180-0-50 ·· 0-70-0-5-1-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0- | l day |
| | | | | | |
| | ent cause(s) | | | | |
| | conditions, if any, (b) | ************************************** | *************************************** | | |
| stating the | underlying cause last | | | | |
| | (c) | Arteriosclerotic | heart disease w | ith coronary | i 3 yrs. |
| II. OTHER SIGNIF | ICANT CONDITIONS | | | insufficie | net |
| Conditions contrib | outing to the death but not ase or condition causing deat | h 10Malnutrition | 2) Acute Bronch | nitis | 2 wks. |
| | | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 198. DATE OF OLI | MANUAL INSTRUMENT | THE THREE OF THE THREE THE | | | |
| | 1 | | | | Yes No |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLACOF | CE (Home, farm, factory, street, office bldg., etc.) IRY | (CITY OR | TOWN) (COUN | TY) (STATE) |
| TIME (Month) | | INJURY OCCURRED | HOW DID INJURY O | CCUR? | |
| OF | | While at Not While | | | |
| INJURY | m. | Work At work | | | |
| | 44 C-C44 7 -4 C 4- | 3/27 | 1051 4 3/22 | 2, 19.51, that I ias | A name Alex Associated |
| 22. I hereby cer | tify that I attended the | a deceased from | , 19.9.4, 109/%! | , 19, that 1 las | st saw the deceased |
| Aive on3 | /21 10 57 20 | d that death occurred at | 2.55 n.m from th | a source and on the date | atotad above |
| SIGNATURE | /, 19.51., an | (Degree or title) | ADDRESS | e causes and on the date | DATE SIGNED |
| | 7 | // (205:00 0: 000) | 112214200 | | DATE SIGNED |
| Deor | gev. Dlans | bury M.D. | 569 Revolution | St. HdeG. | 3/21/5 |
| 1 | 10,000 | | RY OR CREMATORY | LOCATION (City, town, or e | ounty) (State) |
| 23. BURIAL, CREA | erify) | // | | | 0 |
| Burial | 0/60/0 | | Cemetery | Aberdeen, Harfd | |
| DATE REC'D BY | LOCAL REGISTRAR'S | SIGNATURE | 24. FUNERAL DIRECT | | ADDRESS |
| 3/24/51 | Nellie H | Kilev | Heury 10 | vriug 47) ou | 5. aberdeecy |
| | | | | | maryland |
| | | | | | ILA WOTI (MIO |

PLEASE

VS. A15

The correct age

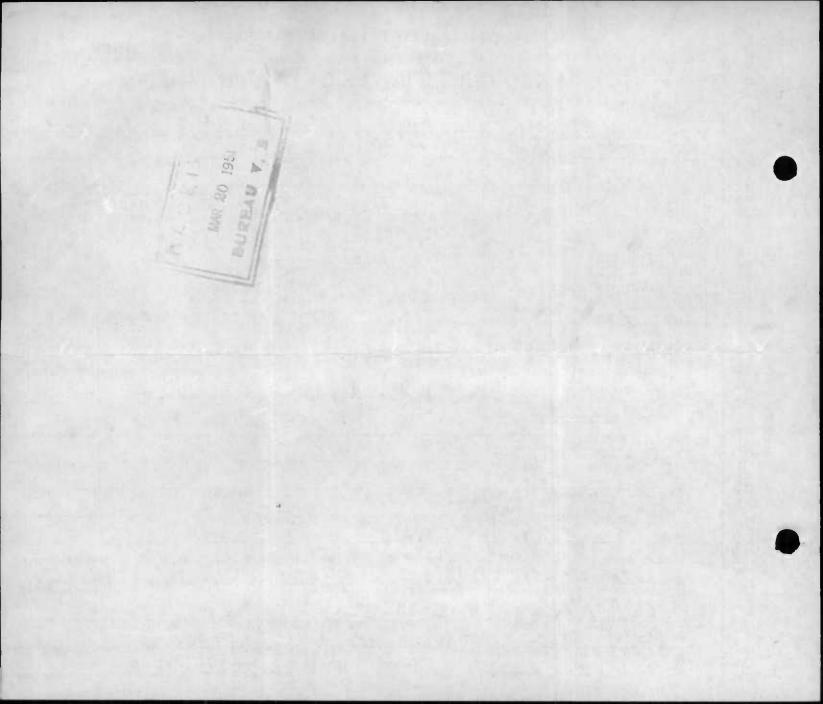
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02658

| 1. PLACE OF DEATH | | | | (HOME) OF DECEASED. | News |
|---|---|--|------------------------|------------------------------|---|
| COUNTY | Harford | MARYLAND | STATE Maryl | and | Harford |
| CITY (If outside cook give nearest | orporate limits, write RURA | L and LENGTH OF STAY (in this place) | CITY (If outside corpo | rate limits, write RURAL and | give nearest town) |
| TOWN | bel Air | (III this prace) | TOWN | el Air | |
| HOSPITAL OR INSTITUTION OF STREET ADDRESS | R SS | | STREET ADDRESS | (If rural, give location | 1) |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| DECEASED (Type or Print) | WM | P. HA | VILAND | DEATH MARC | h 14 1951 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. | 8. DATE OF BIRTH | 9. AGE last birthday If un | der 1 year If under 24 hrs ths Days Hours Min. |
| Male | White | WIDOWED DIVORCED, (Specify) WICOWED | Dec 8, 1870 | yra. | |
| | ATION (Give kind of work verking life, even if retired) | 10b. Kind of Business on Industry Farm | Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAM | Œ | | 14. MOTHER'S MAIDE | | |
| | Haviland | | Mary Cl | | |
| 15. WAS DECRASED E | VER IN U.S. ARMED FORCES | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | | - 30 - |
| no | (If yes, give war or dates of service) | | Catherine H | looker, Edgewood | od Md. |
| | | 18. MEDICAL CE | RTIFICATION | | INTERVAL BETWEEN |
| I. DISEASES OR CO | ONDITIONS DIRECTLY | LEADING TO DEATH | | | ONSET AND DEATE |
| Immediat | e cause (a) | CEREBRAL H Chr Cardio. | IEMORRHAG | E | 5 da |
| 4/22./ Anteceder | nt cause(s) | 00 000 | 110 00 1 |) | • |
| Diseases or | conditions, if any, (b) | in cardes- | vaseular p | cessare | -1 |
| 934 giving rise to | o the above cause inderlying cause last | | | | |
| , -00 | (c) | | | | |
| Conditions contribu | CANT CONDITIONS uting to the death but not se or condition causing deat | h. | | | |
| 19a. DATE OF OPE | | INDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | Yes 🖸 No 📑 |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLAC OF INJU | CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR | TOWN) (COUN | TY) (STATE) |
| TIME (Month) OF INJURY | (Day) (Year) (Hour) m, | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY O | CCURT | |
| - | | | 1 [] | 1 51 | |
| 22. I hereby cert | ify that I attended the | deceased from Man.! | [, 193, to Man | | st saw the deceased |
| alive on MA | 2 11 1051 an | d that death occurred at | SEP m from the | a seriese and on the date | atatad ahawa |
| SIGNATURE | A | (Degree or title) | ADDRESS | caraca wild off the day | DATE SIGNED |
| Wellard | P. Hudson | m.D. Low | st Hill ,? | red 3 | -15-51 |
| 23. BURIAL, CREM | ATION DATE THEREO | | | LOCATION (City, town, or e | ounty) (State) |
| DATE RECID BY | | | S 24. FUNERAL DIRECT | or or | ADDRESS |
| REG. 3/16/ | 5/ 2001 | ella Touvood | HOWARD K. N | O COMAS & SOI | Ů. |
| - / /- | | | ABINGDON | MD | |
| | | | TEDINGDOM | MD. 1001 | 05 |



VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02659

CERTIFICATE OF DEATH

| I. PLACE OF DEATH. | Carentre | MARYLAND | 2. USUAL RESIDENCE (H | OME) OF DECEASE | COUNTY Ha | ford |
|---|--|---|--------------------------------|-------------------------------|--|--------------------------------|
| CITY (If outside corporate if OR / give nearest town) | mite, write RURAL ar | d LENGTH OF STAY | CITY (If outside corpora | te limits, write RURA | L and give nearest | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Star Rou | + | STREET ADDRESS Sta | (If rural, give ic | ocation) | |
| | | (25) 211 2 | 7 3 | | | (37) |
| DECEASED | (First) | (Middle) | Hawlett | OF DEATH M | onth) (Day) | 1307 |
| 5. SEX 6. COL | OR OF RACE 7. S | INGLE, MARRIED, IDOWED, DIVORCED, (Specify) William | 8. DATE OF BIRTH Oct. 14, 1860 | 9. AGE last birthday 9 0 yrs. | If under 1 year I Months. Days I | |
| 10a. USUAL OCCUPATION (Considering most of working life | live kind of work 10b | KIND OF BUSINESS OR DUSTRY | 11. BIRTHPLACE (State of | ty md. | COUNTRY | of What |
| 13. FATHER'S NAME | Janight | | 14. MOTHER'S MAIDEN | nn des | et | |
| 15. WAS DECRASED EVER IN U. (Yes, no, or unknown) (If year, service) | give war or dates of | S. Social Security No. | Tres. M. Hele | address u Huon | yson | |
| I. DISEASES OR CONDITIO | NS DIRECTLY LEA | 18. MEDICAL CE | RTIFICATION | linas | | AL BETWEEN AND DEATH |
| Immediate cause Antecedent cause | (8) | Dhusses | n met | Beltix | | n pd n game aggenga ee ace . « |
| Diseases or conditions giving rise to the about stating the underlying | re cause | Outorio | Soletto | Promise of the second | | |
| II. OTHER SIGNIFICANT C Conditions contributing to the related to the disease or cond | e death but not lition causing death. | Containe | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FIND | DINGS OF OPERATION | | | 20. AU Yes [| TOPSY? |
| 21. ACCIDENT (Speci SUICIDE HOMICIDE | | Home, farm, factory, street, ice bldg., etc.) | (CITY OR T | OWN) (C | COUNTY) (S | TATE) |
| TIME (Month) (Day) OF INJURY | Wh | URY OCCURRED iie at Not While ork At work | HOW DID INJURY OCC | CUR? | | |
| 22. I hereby certify that | | | 1944 to 3.2 | 1/ | | |
| alive on SIGNATURE | 19.7., and th | (Degree or title) | ADDRESS ADDRESS | causes and on the | date stated ab | ove. |
| 27. BUREAT, CREMATION REMOVAL (Specify) | march 28,1 | 451 Wishyan | Chapel | Horford City, who | ountil | (State) |
| DATE REC'D BY LOCAL REGY LOCAL 2 190 | 1. Beitha (| NATURE 3. Knight | 24. FONDAL DIRECTO | Mitchell. | Havede In | RESS Md. |
| | | | | 47 | 20821 | |



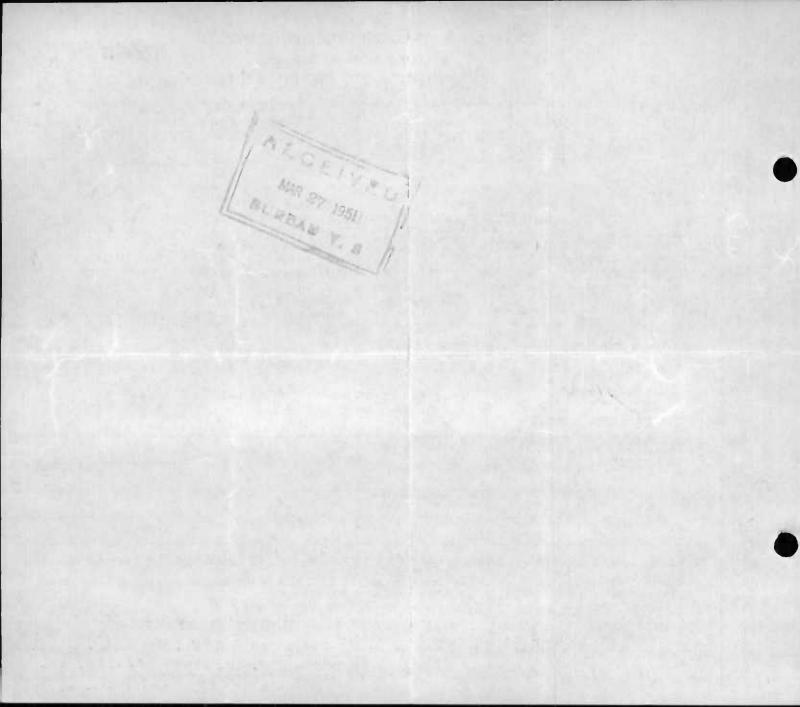
2411 N. Charles Street, Baltimore

02660

CERTIFICATE OF DEATH

Reg. Dist. No. / 8 2

| 1. PLACE OF DEAT | | | 2. USUAL RESIDENCE (H | | COUNTY |
|--|---|--|----------------------------------|---------------------|--|
| CIMV (16 | Harford orporate limits, write RUR | MARYLAND AL and LENGTH OF STAY | Maryla | ina | Harrord |
| OR give nearest | town) Cardiff | (in this place) 15 yrs. | CITY (If outside corporation Car | diff | and give nearest town) |
| HOSPITAL OR INSTITUTION O STREET ADDRE | | | STREET ADDRESS | (If rural, give loc | ntion) |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (Mor | tb) (Day) (Year) |
| (Type or Print) | Mary | Ella | Heaps | OF DEATH Marc | h 21 1951 |
| 5. SEX Female | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW | Feb.19.1858 | . AGE last birthday | If under 1 year If under 24 hrs Months Days Hours Min. |
| done during Hous | ATION (Give kind of work vorking life even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | Harford Co. | foreign country) | 12. CITIZEN OF WHAT COUNTEY? U.S.A |
| 13. FATHER'S NAM | | | 14. MOTHER'S MAIDEN | NAME | |
| | Forrester Wi | lson | Mary Ann | Reynolds | |
| | ver In U.S. Armed Forces (If yes, give war or dates of | | 17. INFORMANT AND | ADDRESS | |
| (Yes, no, or unknown) | service) | " | Spencer K. H | leaps. Car | diff. Md. |
| | | 18. MEDICAL CE | RTIFICATION | | |
| I. DISEASES OR CO | ONDITIONS DIRECTLY | LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| | /9 | 111111 - 5 0 | ellers | | 40000 |
| Immediat | e cause (a) | aggins as 5 | | 00 -0 | |
| 49/ X Anteceder | nt cause(s) | Mercey & | 1116 / 101 | 1 | 0 |
| | conditions, if any, (b) | Vivaein | 7 (000 | 7 | 00 00 00 pt ++ 0 pm + 0 |
| | inderlying cause last | | | | |
| | (c) | | | | |
| Conditions contribu | ICANT CONDITIONS uting to the death but not use or condition causing deat | h | | | |
| 19a. DATE OF OPE | RATION 19b. MAJOR I | FINDINGS OF OPERATION | | | 20. AUTOPSYT |
| | | | | | Yes 🗆 No 🗔 |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLACOF | CE (Home, farm, factory, street, office bldg., etc.) URY | (CITY OR TO | OWN) (CC | OUNTY) (STATE) |
| TIME (Montb) OF INJURY | (Day) (Year) (Hour) m. | INJURY OCCURRED While at Not While Work | HOW DID INJURY OCC | UR7 | |
| 22. I hereby cert | ify that I attended the | e deceased from | 3195/, to Mary | 6/, 195/, that I | last saw the deceased |
| alive of | ch 2/1917 on | d that death occurred at | 2 Pm., from the | enters and on the | data stated shows |
| SIGNATURE | 7(| (Degree or title) | ADDRESS | causes and on the | DATE SIGNED |
| 00 | Jany XXX | ng. (M) | C4 AD11 | CR | 32357 |
| 23. BURIAL, CREM | ATION DATE THERE | | | CATION (City, town, | or county) (State) |
| DATE RECID BY | | | 24. FUNERAL DIRECTOR | Delta, Yor | k Co. Pa. |
| REG.3/93/ | 31 200 | Ila forward | The board D U | | Delta, Pa. |
| - / 04 / | | | | | |



02661

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg Diet No. 182

abung don Maryland

| | GERTIFICATI | E OF DERI | II Reg | g. Dist. No/ |
|--|---|--------------------------------|---|---|
| 1. PLACE OF DEATH Horford | MARYLAND | 2. USUAL BUSIDENCE (STATE MAC | pland | COUNTY Howard |
| CITY (If outside corporate limits write RUR. OR give nearest town) | AL and LENGTH OF STAY (in this place) | OR TOWN | ate limits write Ru | RAL and give nearest fown) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS | (If rural give | location) |
| 3. NAME OF (First) DECEASED (Type or Print) JOHN | THOMAS | HOPKINS | OF DEATH | Month) (Day) (Year) MARCH 22 195 |
| Wale 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | Way 4 1860 | 9. AGE last birthd | Months Days Hours Min. |
| 10a, USUAL OCCUPATION (Glve kind of work done during most of working flie, even if retired) | 10b. KIND OF BUSINESS OR INDUSTR | 11. BERTIPLACE (State | und | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | Kurm | 14. MOTHER'S MAIDEN | utum | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of service) | ? 16. SOCIAL SECURITY NO. | Hovey Hop | Kins Bet | ais rud |
| 1. DISEASES OR CONDITIONS DIRECTLY | 18. MEDICAL CE LEADING TO DEATH | RTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) | HYPOSTAT | O-RESPIRATOR | ONIA T | RE 3 DAYS |
| 450.0 Antecedent cause(s) | | * | | I YEAR. |
| Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last | ADVANCED , | AKTEKIOSELI | GKOSA | 7 7647. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat | h. | | *************************************** | |
| 19a. DATE OF OPERATION 19b. MAJOR I | | | | 20. AUTOPSY? |
| | CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR | TOWN) | (COUNTY) (STATE) |
| SUICIDE OF INJUING (Month) (Day) (Year) (Hour) | JRY OCCURRED | HOW DID INJURY OF | CITP? | |
| OF INJURY m. | While at Not While Work At work | NOW BIB INCOME | | |
| 22. I hereby certify that I attended the | e deceased from JUNE | , 1948, to 22 M | AR, 1951, the | at I last saw the deceased |
| alive on 2/ MAR, 19.5/, an SIGNATURE | d that death occurred at | ADDRESS | causes and on the | the date stated above. DATE SIGNED 22 May, 51 |
| 23. BUBIAL, CREMATION DATE READVAL (Spirity) Way, 25 | 1951 With 2 Co | CRY OR CREMATORY | HUNLAU. | Sur, or county) (State) Lud |
| DATE REC'D BY LOCAL REGISTRAN'S REG. 3/27/57 | SIGNATURE PRINTED | 24. FUNERAL DIRECTO | | UL V SOU |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE

093/

1 home

1951

VS. A15

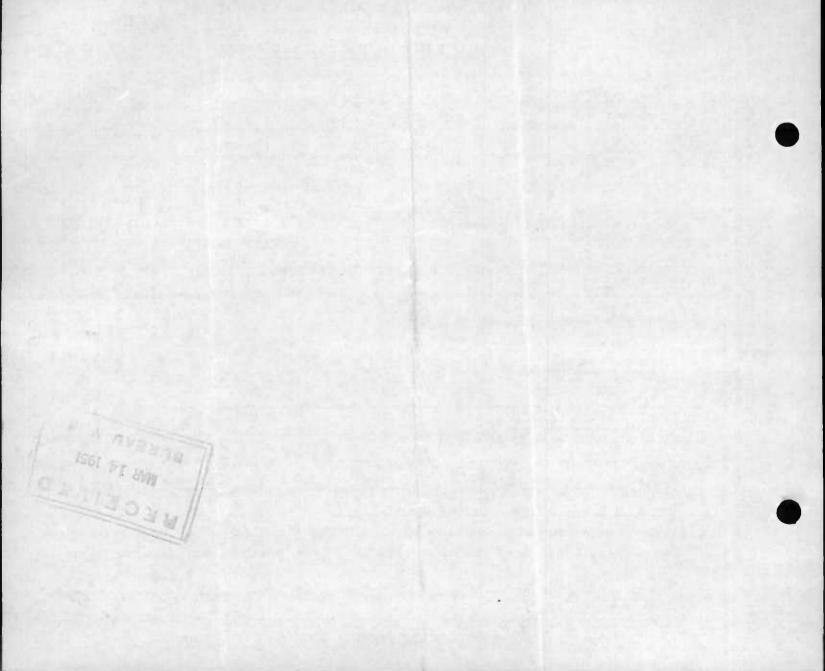
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02662

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH COUNTY | Hartord | | 2. USUAL RESIDENCE (F | | COUNTY |
|--|--|--|--------------------------|---|--|
| CITY (If outside co OR give nearest t | 1 | MARYLAND AL and LENGTH OF STAY (in this piace) | CITY (If outside corpora | te limits, write RURAI | and give nearest town) |
| TOWN | Qual Air Ru | (in this place) | TOWN BELA | r Rura | 1 |
| HOSPITAL OR INSTITUTION OR STREET ADDRES | | | STREET ADDRESS | (If rural, give loc | ation) |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (Mor | ith) (Day) (Year) |
| DECEASED (Type or Print) | E/13 4647 | h Robin | TONES | OF DEATH Ma | r 11 1957 |
| 6. SEX | 6. COLOR OF RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | Cot26/1867 | | If under 1 year If under 24 hrs. Months Days Hours Min. |
| done during most of wo | TION (Give kind of work orking life, even thretired) | 10b. KIND OF BUSINESS OR INDUSTRY | II. BIRTYPLACE (State o | r foreign country) | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | |
| + | TONSON C | plu | Susan | Proctor | |
| | ER IN U.S. ARMED FORCES | | 17. INFORMANT AND | ADDRESS | |
| | (If yes, give war or dates eservice) | of } | F Russelle | TONES BULL | AirMa |
| | | 18. MEDICAL CE | | | |
| I. DISEASES OR CO | NDITIONS DIRECTLY | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | · / | monan The | combon: | | 15 minus |
| 420 Immediate | cause (=) | 01 7- | composis | *************************************** | |
| Anteceden | t cause(s) onditions, if any, (b) | musky do | relino sela | sain | 5 years |
| Qual giving rise to | the above cause iderlying cause last | 0 | | A MARK VIVA (T. 1.1.) | - Constitution of the cons |
| | (c) | | | | |
| | can't conditions ting to the death hut not e or condition causing deat | h. | | | |
| 19a. DATE OF OPER | RATION 19b. MAJOR I | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | Yes No |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLA OF INJU | CE (Home, farm, factory, street, office bidg., etc.) JRY | (CITY OR T | OWN) (CO | OUNTY) (STATE) |
| TIME (Month) OF INJURY | (Day) (Year) (Hour) m. | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY OC | CUR? | |
| 22. I hereby certif | fy that I attended the | e deceased from | , 1949, to May | ", 19.5", that I | last saw the deceased |
| alina on Ma | 1051 am | d that death occurred at./. | 25 A m from the | courses and on the | data atatad ahaya |
| SIGNATURE | , 15, all | (Degree or title) | ADDRESS | causes and on the | DATE SIGNED |
| Chara- J- | Sypartom | In mish | Bel Air: | mi | 3/12/51 |
| 23. BURIAL, CREMA | TON DATE THERE | K. M+O | | OCATION (City, town, | or county) (State) |
| DATE REC'D BY L | V114-141 | SIGNATURE DON | 24. FUNERAL DIRECTO | R R R | ADDRESS A |
| REG. 3/12/ | 37 / no | alla Foured | Joseph To | hole Belle | in HAND |
| | | T. H. 7.7. | | | |



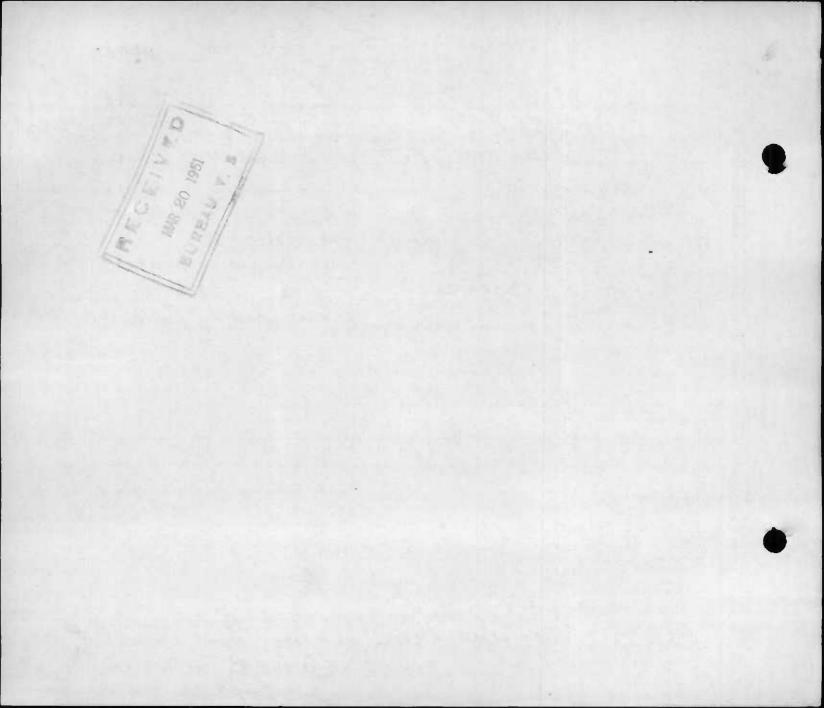
correct age M The

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

112663

| 1. PLACE OF DEATH. HOLLOND MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | Hackerd |
|--|--|--|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Sullivia KO (in this place) | CITY (If outside proposed limits, write RURAL and giv | e nearest (swn) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If ru al give location) | |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) Mary 5. | (Last) 4. DATE (Month) OF DEATH March | (Day) (Year) 17 1951 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specily) MIDOWALD DIVORCED | 8. DATE OF BIRTH 9. AGE last birthday If under larger, 9.1881 69 yrs. | Days Hours Min. |
| done during most of working life, even if retired) 10a. USUAL OCCUPATION (Give k'nd of work long or l | Warlington ud | COUNTRY SQ |
| Richard Bowser | Ellen Parson | |
| 16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) | Bearl Smith, Belain | o Zud |
| 18. MEDICAL CE | RTIFICATION | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ervlie CV disease | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) (b) (c) (a) | | |
| Diseases or conditions, II any, (b) giving rise to the above cause stating the underlying cause last | | AN OUT STORE WAS BUILDING STOREST STOR |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | . Do A TIMO DIGITO |
| 130. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSYT |
| | | Yes No Y |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while INJURY m. werk at work | HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decended in the said decender in the s | ased died on the dry stated above, and death in my undetermined []. ADDRESS LExumina the first & Bel Air | from the evidence opinion resulted DATE SIGNED ADDRESS ADDRESS |
| | | |



VS. A15

correct age

Tin.

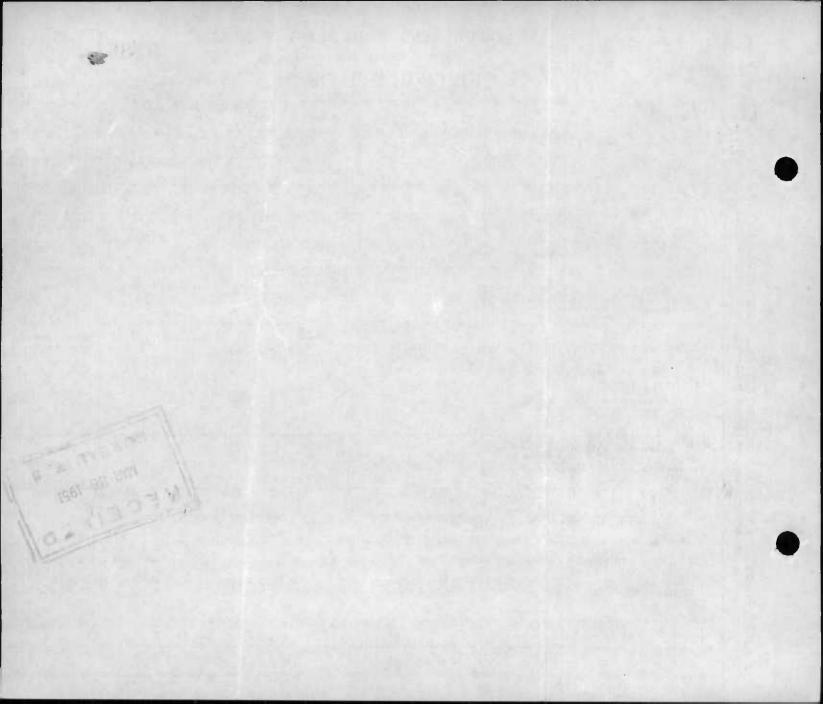
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02664

| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. | |
|---|---|----------------|
| CITY (If outside corporate limits, water RURAL and LENGTH OF STAY | CITY (If outside corporate mits, write RURAL and give no | rford |
| CTY (If outside corporate limits, water RURAL and LENGTH OF STAY OR give nearest town) But Cur Rural (in this place) | CITY (If outside corporate mits, write RURAL and give no OR TOWN Bural Bul - Qu | earent town) |
| HOSPITAL OR | STREET (If rural, give location) | |
| INSTITUTION OR STREET ADDRESS | ADDRESS | |
| 3. NAME OF (First) (Middle) | | ay) (Year) |
| (Type or Print) Joseph M ack | DEATH | 0 195/ |
| 6. SEX COLOR OR RACE 7. SINGLE, MATERIED. WHOWED, GLYORCED. (Specify) Character | S DATE OF BIRTH 9. AGE last birthday If under 1 ye Months Da | ys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on | | TIZEN_OF WHAT |
| done during most of working life, even if retired) INDUSTRY | | NTEY!) C A |
| 13. FATHER'S NAME . | 14: MOTHER'S MAIDEN NAME | -, ~, A. |
| Marring Hand | Belma Harrell | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | 17 NFORMANT AND ADDRESS, | |
| (Yes, not or unknown) (11 yes, give year or dates of | manaya | |
| | Profession to the state of the | |
| 18. MEDICAL CEI | | TERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 01 | NEET AND DEATE |
| Immediate cause (a) Tobar preu | nona 1 | week |
| Immediate cause | | |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) | | |
| stating the underlying cause last | | |
| (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION | 1.20 | AUTOPSY? |
| 138. Dail of dilletion ion allevit in blinds of dilletion | 24 | . AUTOFSII |
| DIAGE (Hand for form that the first | | Yes No No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| Time (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF INJURY m. While at Not While Work At work | | |
| Ma. 11 9 | 00 51 | |
| 22. I hereby certify that I attended the deceased from March 2 | 19, to, 19, that I last saw | the deceased |
| alive on March 20, 1951, and that death occurred at | | l abovo |
| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| no ald C Kalanan UD | 3.01. And 21 | 21/- |
| derun Comme: ". | D9/40 14. 3/3 | 2/15/ |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER | RY OR CREMATORY LOCATION (City, town, or county) | (State) |
| Burral 1/1/2007-11.173/1311-Cu | Mimorias bark tours | ld mid |
| DATE REC'D BY LOCAL RECUSTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR , | DDRESS |
| REG. 3/21/51 riscella Tourra | 18.0. Barlen | |
| 100000000000000000000000000000000000000 | Darlington no. | |
| 1021112 42 25 3 | | |



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. | |
|---|---|-------------------------------------|
| COUNTY Harford MARYLAND | STATE MOST | |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give | e nearest town) |
| OR give percent town Bel der (in this place) | TOWN Balls | |
| HOSPITAL OR | STREET (If rural, give location) | A / |
| STREET ADDRESS Hay Conscious for | LADDRESS H215 Perkmont | thre. |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) | dane DEATH March | 12 1957 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 19. AGE last birthday If under 1 | year If under 24 hrs. |
| for WIDOWED, DIVORCED (Specify) WARRED | aug, 28, 1875 75 yrs. Months | Days Hours Min. |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | 11. BARTHPLACE (State or foreign country) 12. | CITIZEN OF WHAT |
| none | Germany | COUNTRY S. A |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Comery Hacker | une. | |
| 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or enknown) (If yes, give war or dates of | 17. INFORMANT AND ADDRESS . | |
| service) | med Louise simps | |
| 18. MEDICAL CER | RTIFICATION 4203 Parties Com | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | manage made a | 3 4 7 mi |
| 430 Immediate cause (a) Cord Cardus | order occurred | 20 /114 |
| 420 Antecedent cause(s) | 16 - k 200 - 7 | 2 |
| | - varement recesses | |
| giving rise to the above cause stating the underlying cause last | | |
| (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No C |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) | (STATE) |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not While INJURY m. Work At work | | |
| hal | 5. marel 12 c | |
| 22. I hereby certify that I attended the deceased from | , 1950, to March 171951, that I last sa | w the deceased |
| alive on Max 8, 1951., and that death occurred at | m from the causes and on the date at- | tod above |
| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| Wellard P. Hudson m.D. | Forest Hell med | 3/18/51 |
| 23. BURIAL, CREMATION DATE THEREOF, NAME OF CEMETER | | y) (Styte) |
| Buria (Specify) Mar. 15/5/ Ballo. | Eem. Ballo. | mol. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR | ADDRESS 1 |
| May 15 1951 awsteduch | John A: Mille 2334 | MUST . |
| 2811 | | 11 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

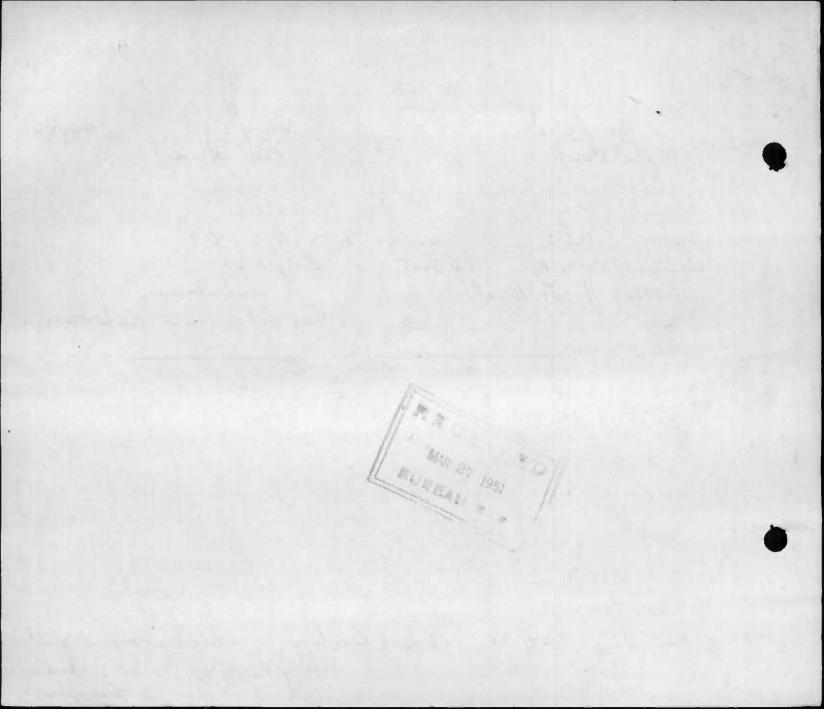
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02666

| I. PLACE OF DEATH- COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. | the ford |
|--|---|--|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give bearest to to TOWN (in this place) | CITY (If outside perforate limits, write RURAL and giv | e nearest towo) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If ru al give lo ation) | |
| 3. NAME OF DECEASED (Type or Print) Hugh F. (Middle) | Penotiere OF (Month) OF DEATH March | (Day) (Year) 2 / 195 / |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. down 4 | 8. DATE OF BIRTH Saft. 4th 1882 6 8 yrs. If under Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even tretired) Machine 157 13. FATHER'S MAME | England | CITIZEN OF WHAT |
| 16. WAS DECRASED EVER/N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 14. MOTHERS MAIDEN NAME LULLIUGUELL 17. INFORMANT | |
| (Yes, no, or unknown) (Nyes, give war or dates of service) | arthur La Penatiere - 18 als | rdeeu ave. |
| 18. MEDICAL CEI 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 122 Immediate cause (a) A Livoscle | which C Volumense | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSYT |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work | HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decerprom: natural causes , accident , suicide , homicide , SIGNATURE 22. SIGNATURE 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE RESOLVAGE (Specify) DATE REC D BY LOCAL REGISTRAR'S SIGNATURE REG 24,51 Mane monleage | used died on the day stated above, and death in my undetermined ADDRESS LEA LXumin Hafferd Co | Trom the evidence opinion resulted DATE SIGNED 3 21/5/ (State) ADDIESS attackets |
| | 1592916 200 | ary land. |

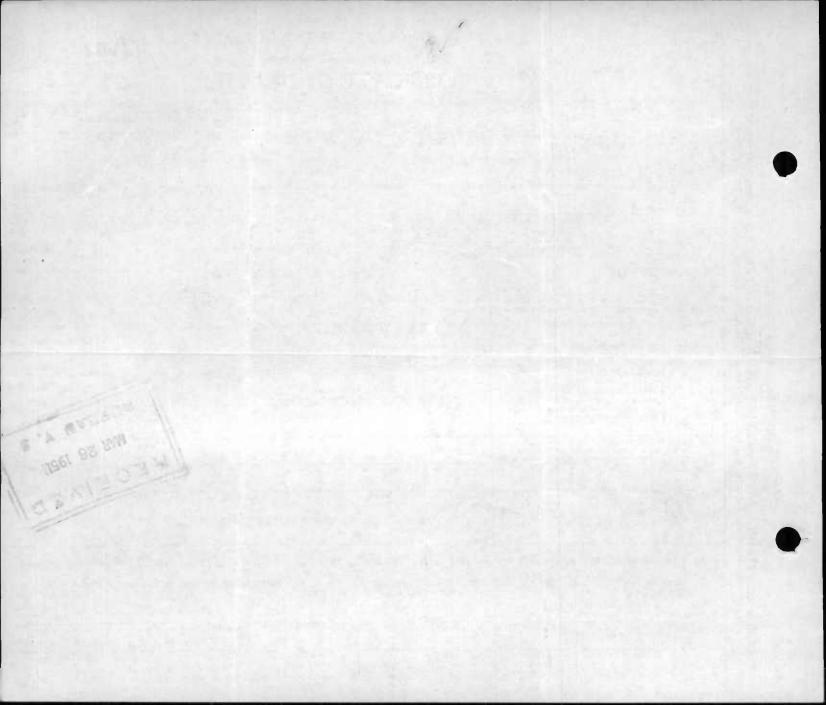


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02667

| 1. PLACE OF DEATII. | | 1 2. USUAL RESIDENCE (H | OME) OF DECE | ASED. | | |
|--|---|--------------------------------------|---------------------|---------------------------------------|----------------|--------|
| COUNTY | MARYLAND | STATE | | COUNTY | Harfo | |
| CITY (If outside corporate limits, write RUR. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural | | | | | |
| OR TOWN give nearest towplel Air Ru | ral this glass | TOWN Bel | Air Rura | I | O MONICES SONI | •, |
| HOSPITAL OR INSTITUTION OR | | STREET | (If rural, giv | | | |
| STREET ADDRESS Harford | Convalescent Ho | me | | | | |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE | (Month) | (Day) | (Year) |
| (Type or Print) Martha | Ellen | Mahan | OF DEATH M | arch | 18 | 1951 |
| K UEV I COLOD OD DACE | 7. SINGLE, MARRIED. | | 9. AGE last birthd | | | |
| "emale white | WIDOWED, DIVORCED, (Specify) WIOWED | | 69 81 _{vr} | Montha | Days Hours | Min. |
| done during to the compartion (Give kind of work done during to the comparting the even if fetting) | 10b. KIND OF BUSINESS OR INDUSTRYOWN HOME | H. BIRTHPLACE (State of Cecil Co. Md | foreign country) | 12 | CITIZEN OF | WHAT |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | |
| George Holley | | Martha Tow | msend | | | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANTA ABPO | Appress Por | t Depo | sit Mo | .R.1 |
| Joes vico) | 18. MEDICAL CE | | | | | |
| I. DISEASES OR CONDITIONS DIRECTLY | | RIFICATION | | | INTERVAL BE | TWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY | ^ | 1 | | | ONSET AND | DEATH |
| Immediate cause (a) | arterial J | Lemanskag | <u>ح</u> | * * * * * * * * * * * * * * * * * * * | 5 150 | y |
| 38 Antecedent cause(s) | 1 | - | | | | 1 |
| Diseases or conditions, if any, (b) | ashire Sel | u a e e e | | ********************* | 3 40 | 4 |
| giving rise to the above cause stating the underlying cause last | | | | | / | |
| (e) | | | | | C. C. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat | . / | | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR F | | | | | 20. AUTOP | RY? |
| | V | | | | | |
| SUICIDE OF | CE (Home, farm, factory, atreet, office bldg., etc.) | (CITY OR TO | OWN) | (COUNTY) | (STATE | No D |
| HOMICIDE O INJU | RY | | | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY OCC | UR7 | | | |
| 22. I hereby certify that I attended the | deceased from June -/ 4 | 1, 1948, to 3/18 | 1957 th | at I last sa | w the dece | ased |
| alive on Mare 17 1957 and | 7 Al- A 3- Al- | 00 | | | | |
| alive on 1951, and SIGNATURE | d that death occurred at | ADDRESS | causes and on t | he date sta | ted above. | BYTTE |
| PP | too it is | 150.0 | - | Sul. | DATE SIG | NED |
| to Droogram | mn | n are | horr | د مراا | 3/20 | 757 |
| 23. BURIAL CREMATION DATE THEREO March 2 | 1 1951 Hopewe | | ear Port | Depos: | it Mo | te) |
| DATE REC'D BY LOCAL REGISTRAR'S | SIGNATURE | 249 FUNERAL DIRECTOR | zon Ris | ing 1 | ADDRESS | 1 |
| | - V V V V V V V V V V V V V V V V V V V | 7 | | 100 | 1/10 | 17 |



PLEASE VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No. 180

02668

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH HORAT A MARYLAND | STATE Warulan & COUNT | x Horland |
|---|---|--|
| CITY (If outside corporate limits, write RURAL and OR give nearest town) OR give nearest town) OUT (in this place) | CITY (If outside corporate limits, write RURAL and g | ive nearest (Avn) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) | |
| 3. NAME OF (First) (Middle) (Type or Print) Annie (Middle) | (Last) 4. DATE (Month) OF DEATH March | (Day) (Year) 21 1951 |
| SEEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WINDOW | yrs. | Days Hours Min. |
| done during plost of working life, even if retired) 10b. Kind of Business on Industry INDUSTRY | 11. BITHPLACE (State or foreign country) | 2. CITIZEN OF WHAT COUNTRY? |
| 13. FATHERS NAME + Wurdoch | Cleur Morrison | • |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | us. J. Saunden, Edgen | nd rud |
| 18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Cerebral hems | nshage | 2 days |
| 420. O Antecedent cause(s) | sterial scleratic heart disease | Strengthere |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY | The state of the s |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Feb [[| , 195/, to March 21, 1957, that I last | saw the deceased |
| alive on March 21, 1951, and that death occurred at SIGNATURE (Degree or title) | ADDRESS m., from the causes and on the date s | tated above. DATE SIGNED |
| The O Hodows m.a | | -21.51 |
| REMOVAL (Specify) War. 23, 45 / WH. Slate | THE OF CREMATORY LOCATION (City, town, or country of Cultsburgh | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | | 1 D D D D D D D |
| man 23 1951 mone in montegale | Howard & Moonus | ADDRESS |



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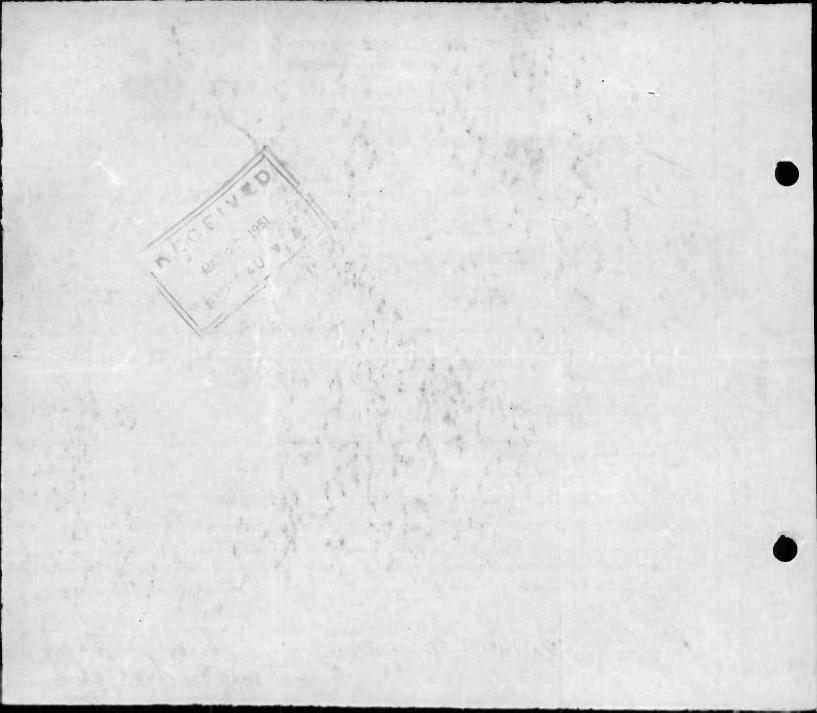
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02669

ad Dist No. 82

| 1. PLACE OF DEATH-// | | |
|---|--|--|
| COUNTY | 2. USUAL RESIDENCE (HOME) OF DECKASED. | 11/1 |
| CITY (If outside corporate limit, write RURAL and LENGTH OF STAY | That fleet | 7475 1 12 hall |
| TOWN Self Chira (Sacres) | CITY (If outside corporate limits, write RURAL and give OR TOWN Clear 20011 | e nearest town) |
| HOSPITAL OR INSTITUTION OR // / / / | STREET () (If rural, give location) | / |
| STREET ADDRESS Harford Vous lescont Home | ADDRESS 15 /10gers Street | |
| 3. NAME OF (Pirst) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) There of Alillace | W= GOUS DEATH 3 | 15 195 |
| 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) WALLE | Months Months | year If under 24 hr. Days Hours Min. |
| 10a USUAL OCCUPATION (Give kind of work 10b. KIND or Business or diffe duting mestici weeking life even fretired) hours of life load. | | CITIZEN OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 2 3 |
| James W. Tu - Jaw | Thoshe & Courtu | 4.4. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes., to, or unknown) (If yes, give war or dates of | 17. INFORMANT AND ADDRESS O | 4 |
| service) | Mirs James W. W. 74 70 | do |
| 18. MEDICAL CEI | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | V | INTERVAL BETWEEN |
| | a of Slomach | ONSET AND DEATE |
| Immediate cause (a) | a of Slomach | 2 |
| 15/X Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) | V | |
| #62 giving rise to the above cause stating the underlying cause last | | ## ## 1 + 14 1 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + |
| (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | v. The second se | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) | (CITY OR TOWN) (COUNTY) | Yes No (STATE) |
| HOMICIDE | | (521122) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | HOW DID INJURY OCCUR? | |
| INJURY m. Work At work | | |
| 00 71 -1 | C: 200-1-5 F1 | |
| 22. I hereby certify that I attended the deceased from Man. 9 | , 195.i, to // (1971.1.2, 19.3.1., that I last sa | w the deceased |
| alive on Man (4, 1951, and that death occurred at | 5:15Pm from the courses and on the date sta | 4.1.1 |
| SIGNATURE (Degree or titie) | ADDRESS | DATE SIGNED |
| 101.00000 P. Kleed No De | 5 Imant/1.00 | m/3/. |
| 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER | is free the | 1/4/31 |
| APMOVALP(Specify) | Total County of County of County | (State) |
| DATE REQ'D BY LOCAL REGISTRAR'S SIGNATURE A | | o Co wed. |
| REG3 / 6 /5 / REGISTRATORE | 24. EUNERAL DIRECTOR | DDRESS |
| - 1 1 1 mora your or | Henry Kernay we Nous. a | keracece |
| | 1100 001 | |
| | 790506 | 4 |



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

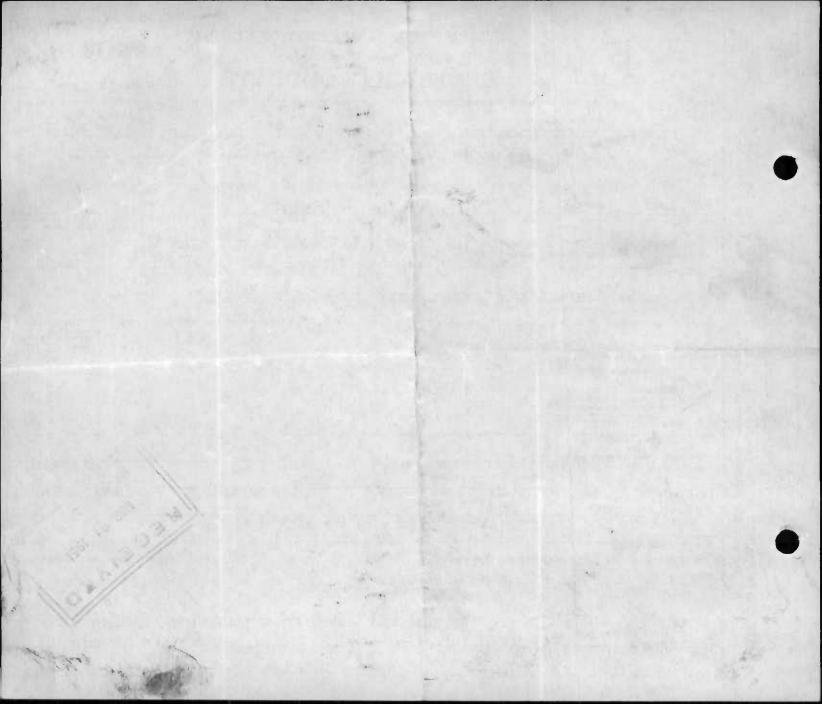
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02670

Reg. Dist. No. / 8

| COUNTY Hartord MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE | |
|--|---|--------------|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Mountain Villege (in this place) | CITY (If outside corporate limits, write RURAL and live nearest town) OR TOWN Moves Town / Mage | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If ruld, give location) | |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) Lucile Margaret | AA OF OA | (ear) |
| 6. COLOR OR RACE 7. SINGLE, VARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday if under 1 year If under 1 year If under 1 year Hours 2-22-/888 63 yrs. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry House wife. | Stuberville Ohio 11. BIRTHPLACE (State or foreign country) Stuberville Ohio | VHAT |
| George Gorback | EMMa M Grew | |
| 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) | Randolph Monro Jappa, Md | |
| 18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ERTIFICATION INTERVAL BET ONSET AND D | WEEN EATE |
| Immediate cause (a) ACUTE CORONA | ARY THROMBOSIS 20 MIN | V |
| 420, Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause 940 stating the underlying cause last (c) | SCLEROSIS 3 YEAR | .S. |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPS: Yes N | Y1 10 🗗 |
| 21. ACCIDENT (Specify) SUICIDE IIOMICIDE IIOMICIDE NONU (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | 1948, to MARCH, 1957, that I last saw the decear | sed |
| alive on 24 FEB, 1951, and that death occurred at SIGNATURE. (Degree or title) | ADDRESS DATE SIGN ADDRESS DATE SIGN 19 May 57 | ED |
| Cree Marion Mar 20/51 Green Mou | ERY OR CREMATORY LOCATION (City, town, or county) (State | e) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE TOWOOD, | 24. FUNERAL DIRECTOR Fortie Bellen Med | , |



Evidence for change

9 shown on:

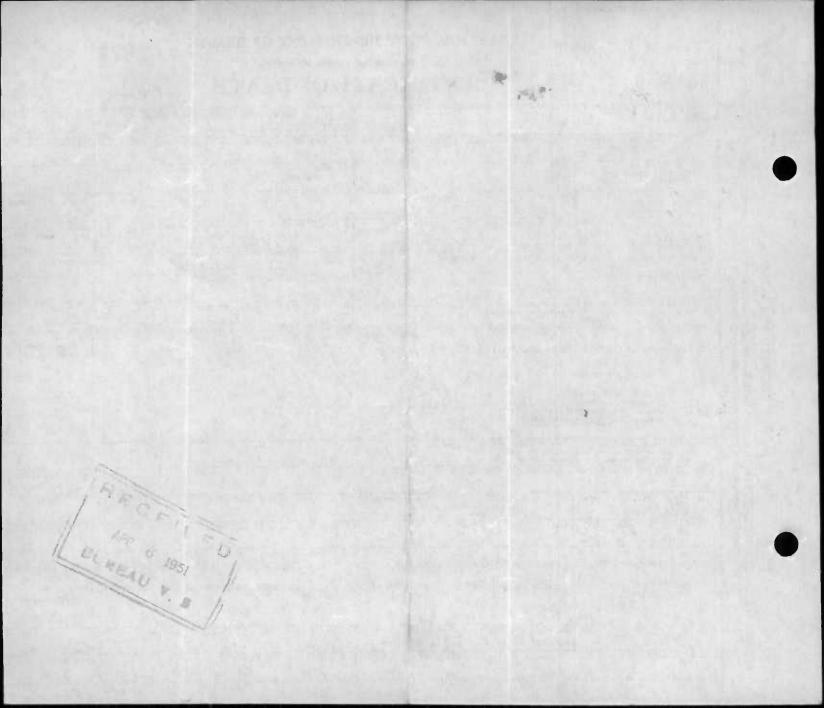
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02671

12 195 CERTIFICATE OF DEATH 132APR

| 1. PLACE OF DEATH Las ford MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT | Y Harford |
|--|---|-------------------------------------|
| OR give movest town le Trace (in this piace) TOWN TOWN | CITY (If outside exporate limits, write-RURAL and gi | ve nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET Star At. Wear Tro | vers Hill |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) | rungelo 4. DATE (Month) OF DEATH THATCH | (Day) (Year) |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) WILLY (Specify) | S. DATE OF BIRTH 9. AGE last birthday If under Months | I year If under 24 hrs |
| 10a. USUAL OCCUPATION (Glye kind of work 10b. KIND OF BUSINESS OR done during most of working file-even if retired) INDUSTRY | 11. BERTHPLACE (State or foreign country) 12 | COUNTRY? |
| 13. FATHER'S NAME Merry Ce | 14. MOTHER'S MAIDEN NAME Scallela | 2)14. |
| 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or tuknown) (If yes, give war or dates of service) | Trauli Livaugelo = Star Rt. | Una de |
| | | 140-401116 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 1 1 | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Ventricopy | thou ston | Jermans |
| Antecedent cause(s) Disease or conditions, if any, (b) VICATIO | idaget 1 | 12 14. |
| 932 stating the underlying cause last (c) Arterioscierofic | Heart Visease | 11/1. |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | duodenal tistula | 5 vc. |
| 19a. DITE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | Yes No D |
| 21. ACCIDENT SUICIDE OF office bldg., etc.) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mr. Work At mprk. | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Teb. 5 | 1951, to 3-31, 1951, that I last s | aw the deceased |
| slive on 4-5 4-5 1, 19, and that death occurred at | Appress. from the causes and on the date st. | ated above. |
| Vally - Volyman m.t. | Unrille Mix. | t-2-51 |
| 23. GURINI, CREMATION DATE THEREOF NAME OF CEMETER SEMOVAL (Specify) (April 44, 1451) Holy Cross | Lewetery Puladelphic Fe | wy (State) |
| DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE | Heury Par in End Sous al | ADIMESS OF SELECTION |



MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

| | | | 180 |
|------|-------|-----|-----|
| est. | Dist. | No. | 10 |

| 2 | FOR MEDICAL | Reg. Dist. 1 | 10 |
|--|--|--|-------------------------------------|
| Th | I. PLACE OF DEATH Horford MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | Cluster |
| efully gibly: | CITY (If outside corporate limits, write RURAL and OR give nearest town) (In this place) | CITY (If outside corporate limits, write RURAL and a TOWN LUSVILLE | ive nearest town) |
| and le | HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural give foration) ADDRESS | / |
| matic early | S. NAME OF (First) DECEASED (Type or Print) Co 1-9 e N (Middle) STy- | | (Day) (Year) |
| infor ath cl | Will White Speelly Morried (Speelly) | teh d'2, 1904 T yrs. | Days Hours Min. |
| Supply every item of information carefully. write the causes of death clearly and legibly. | 10a. JSUAL OCCUPATION (Give kind of work dering most of working life, even if retired) INDUSTRIBUTION (INDUSTRIBUTION OF BUSINESS OR INDUSTRIBUTION OF BUSIN | Pa, | COUNTRY, S.C. |
| ery it | Was Decrased Ever in U.S. Armed Forces? 16. Social Security No. | Da F. Comptell | |
| oly ev | (If yes, give war or dates of 179-12-9389) | Wan Francis Strickland Lews | mile Pa |
| Supr | 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | A - | INTERVAL BETWEEN ONSET AND DEATH |
| INK. | H2011 Immediate cause (a) Coronary O | cclusion | more |
| WITH UNFADING I | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | |
| FAI | H. OTHER SIGNIFICANT CONDITIONS | | |
| it. F | Conditions contributing to the death but not related to the disease or condition causing death. | | |
| TH | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | Yes No 17 |
| r impe | 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY | |
| INL | TfME (Month) (Day) (Year) (Hour) fNJURY OCCURRED While at Not while fNJURY m. work at work | HOW DID INJURY OCCUR? | |
| WRITE PLAINLY is especially | 22. I certify that I took charge of the remains described above, held an As obtained by said Autopsy, Inspection or Inquiry, find that said decea from: natural causes ♠, accident □, suicide □, homicide □, SIGNATURE | used died on the dry stated above, and death in my | from the evidence opinion resulted |
| | Lorald C. Palmor MD. Deputy Medigo | Darmer Hayford to Bathe | i ad 13/6/51 |
| PLEASE | REMOVAL (Specify) Date Rec'd by Local Registrar's signature | nes newark h | les |
| PL | mar 6, 1951 mare m. montsdale | Howard K. Mc Comen for | ADDRESS |
| | | abugden Wed | 681506 |



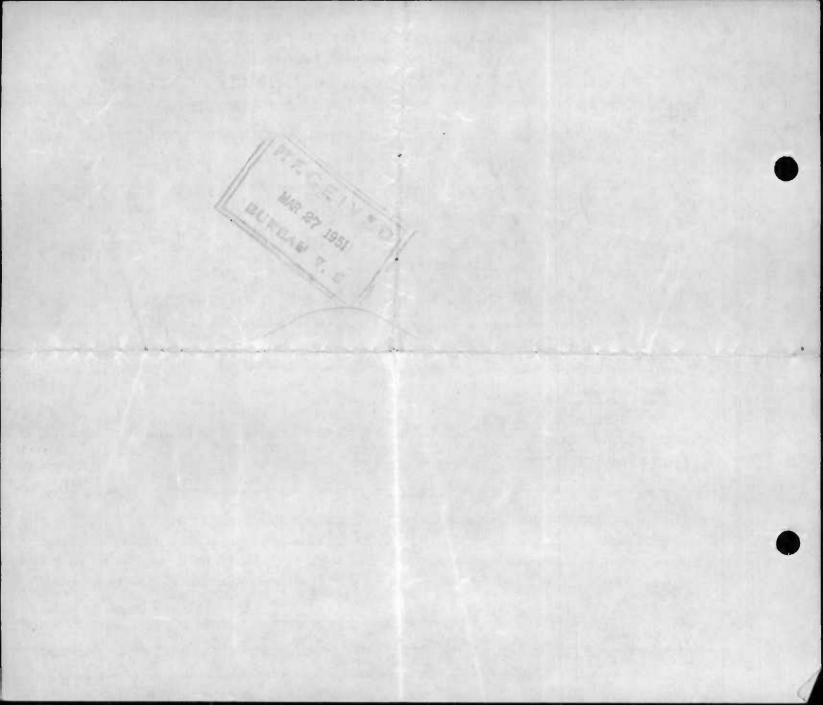
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

180

| | The state of the s | |
|---|--|---|
| 1. PLACE OF DEATH- COUNTY Hasfnot MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | Harford |
| CITY (If outside corporate lights, write RURAL and OR give nearest town) Bellus Russ (in this place) | OR TOWN Professional Components of the RURAL and give Power Town | nearest town) |
| HOSPITAL OR INSTITUTION OR County Home | STREET (If rural, give location) | |
| 3. NAME OF DECRASED (First) (Middle) SI (Type or Print) | RUBIN 4. DATE (Month) OF DEATH Morel 2. | (Day) (Year) 4 1951. |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday II under I Months Months | year If under 24 hrs. Days Hours Min. |
| 10s. USICAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. | CITIZEN OF WHAT |
| 13. FATHER'S NAME albert Struben | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of lecruice) | 17. INFORMANT AND ADDRESS Clush John hatrish Belle | i mes |
| 18. MEDICAL CE | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | V- | INTERVAL BETWEEN |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Section of Transfer in Alberta Section 12, 10, 455 life | ONSET AND DEATH |
| Institute and (i) Antien (i) | Kelimoria | 3664 |
| Immediate cause (a) | • | |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) | 0-1 | |
| giving rise to the above cause stating the underlying cause last | • | _ |
| | scular (150000) | 7 |
| II. OTHER SIGNIFICANT CONDITIONS | or court (corpera) | W |
| Conditions contributing to the death but not | | |
| related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | |
| 19a. DATE OF OPERATION 18b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes D No Q |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from July 2 | , 1951, to Mar 24, 195/, that I last sa | |
| alive on 23, 1951, and that death occurred at | ADDRESS | ted above: |
| SIGNATURE P. Audson M. D. | Forest Hill mid | 3/2W~ |
| | PA) OR CREMATORY LOCATION (City, town, or country Bellin my Rusa | (State) |
| DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE REG. 2 9 4 6 7 PARIS OF THE PROPERTY | 24. EUNERAL DIRECTOR B-06 | ADDRESS |
| Ja / John Mount Tourson | Julianus VIII Mus | 105 |
| | 000 | 100 |



19

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

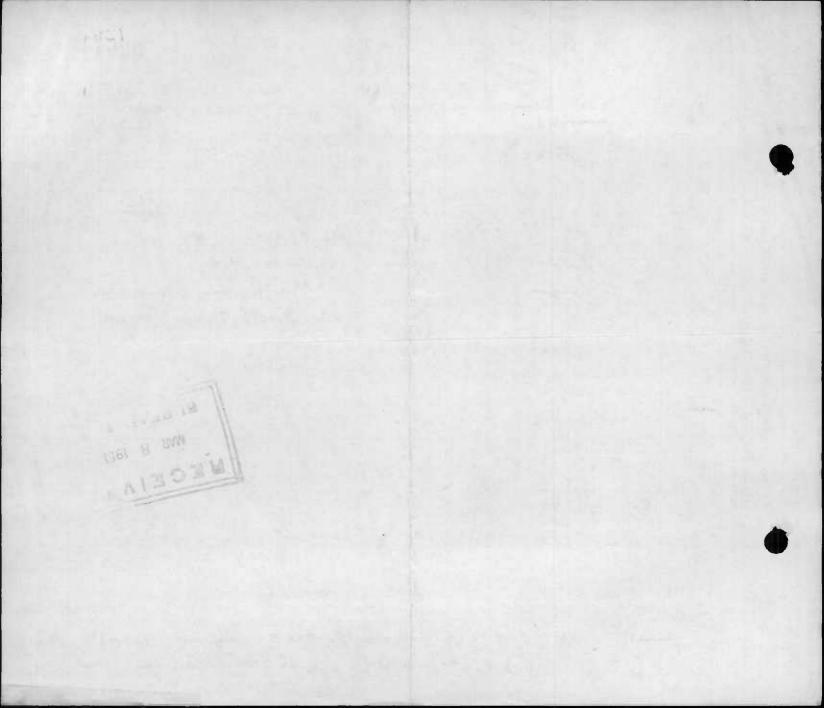
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MARYLAND STATE DEPARTMENT OF HEALTH

02674 Reg. Dist. No. 182

| CERT | IFICAT | EO | F D | EA | T | H |
|------|---------|-----|-----|-----|---|---|
| FOR | MEDICAL | EXA | MIN | ERS |) | |

| I. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE | |
|--|---|--|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Rocks (in this place) | CITY (If outside corporate limits, write RURAL and give OR TOWN ROCKS | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If ru ai give location) ADDRESS | |
| 3. NAME OF (First) DECEASED (Type or Print) Cage Toosavely T | Cague Carry DEATH | (Day) (Year) 4/ 1951 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday 11 inder Nonths yes. | 1 year If undar 24 hrs Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 10b. Kind of Business or Industry | | COUNTRY S |
| 13. FATHER'S NAME DE TRAZUR | (Mai) Huisea Shumate | 3 |
| 15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) | Mrs Dorothy Brown Jeague | |
| 18. MEDICAL CE | RTIFICATION | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Downing | INTERVAL BETWEEN ONSET AND DEATE |
| Antecedent cause (a) | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | ## ### ## ## ### ## ## ## ## ## ## ## # |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | Yes No X |
| PRIMARY CONTRIBUTING OF office bldg., etc.) 24 | Ruchs (COUNTY) Hanh - el | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nnt while INJURY 3, 4 7,55 m. work at work | las bit treet want in | to creek |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes ☐, occident Suicide ☐, homicide ☐, | ased died on the dry stated above, and death in my | opinion resulted |
| Level Palmer MT Taporty Med | iedExmintagordCo RelAn | DATE SIGNED |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Mar 6/51 B. A. P. Mander | alburders BelAir Hartor | PM P |
| DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/5/5/ Pucilla forwood | Joseph Joseph Bel an, | Modress |
| | 820, | 105 |



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02675

Reg. Dist. No. 18

| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY |
|--|---|
| CITY (If outside corporate dimits, write, RURAL and LENGTH OF STAY | CITY (If outside corporate lights, write RURAL and give nearest town) |
| CITY (If outside corporate timits, write RURAL and LENGTH OF STAY OR zive nearest two places) TOWN/Wrall will favile face fight | TOWN Tural Vaire de Grack |
| HOSPITAL OR | STREET (If rural, give location) ADDRESS |
| INSTITUTION OR STREET ADDRESS | ADDRESS |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) 6 dith Twherla | Survey DEATH Mar. 27, 1951 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Hanne | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year 11 under 24 hrs. Max. 281892 58 yrs. Months. Days Hours Min. |
| 10a. USUAL OCCUPATION (Glyckind of work done during most of working life even if retired) 10b. Kind of Business or Industry 10c. Lindustry | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Leorge Saugherly | Lanet Daugherly ale |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of | TT. INFORMANT AND ADDRESS |
| service) | Mrs. 2 Harry D. Jurnel |
| 18. MEDICAL CE | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Acute Heart | Tailur |
| 442X Antecedent cause(s) | |
| Ho a le | Extensiblewood 3-5 yes |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | Fal Secation montoscening 3-4 ins. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | Yes No N |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? |
| INJURY m. Work At work | 44 1 |
| 22. I hereby certify that I attended the deceased from | , 19.50, to March 21, 19.51, that I last saw the deceased |
| alive on March 20, 19.5%, and that death occurred at | 3 :20 P. m., from the causes and on the date stated above. ADDRESS DATE SIGNED |
| Leonal Stansbury m & 3 | 69 Revolution Street, Havede From Md. 3/23/51 |
| 21. BURIAL CRESTATION DATE 3-24-5 NAME OF CEMETE | bring leed. / Harford Co. Md. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, REC'MAN 2.35/ Bertha B. Mught | 1. Madison Mitchell Navrede Crace |
| | md. |



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 18

| 1. PLACE OF DEATH GOUNTY Har fore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY HOLLS. |
|---|--|
| CITY (If outside corporate lights, write RURAL and LENGTH OF STAY OR give nearest town to the control of the place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aber Seen Fuera |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | ADDRESS War Stepherey |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) JOSEP A | (Last) 4. DATE (Month) (Day) (Year) OF DEATH Much 5 |
| Wale 6. COLOR OR HACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) | 8/DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Wareh 10 - 177 59 yrs. Months Days Hours Min. |
| dong during most of working life even it retired) Life Comparing the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business on the working life even it retired to be business. | 11. DIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? USA. |
| 13. FATHER'S NAME A POL. 16. WAS DEFEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 14. MOTHER'S MAIDEN NAME mina Sparler |
| (Yes, no, or inknown) (If yes, give war of dates of service) Ukay # | Wes Joseph A. Wagner |
| 18. MEDICAL CEI 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONBST AND DEATH |
| Immediate cause (a) | cousion none |
| Hado, / Antecedent cause(s) Diseases or conditions, il any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS | |
| Conditiona contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes \(\text{N} \) No \(\text{A} \) |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work | HOW DID INJURY OCCUR? |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december of the prome natural causes ♥, aecident □, suicide □, homicide □, SIGNATURE (Degree or title) Levell Calman MP Leputy hedicalEX am | ased died on the day stated above, and death in my opinion resulted |
| 23. BUNIAL, CREMATION DATE THEREOF NAME OF CEMETER PRODUCTION Mails 5-3 ML Flore DATE REC'D B LOCAL REPISTEMES SIGNATURE REC'D SIGNATURE DE LOCAL REPISTEMES SIGNATURE SIGNATURE DE LOCAL | Country Belfir Harfard Tue. 24. FUNERAL DIRECTOR Lewery Tarring Tue Sons alendene |
| | 7 25093/ md. |

